

MDS Alert

MDS, Research & Payment News

Don't miss the July 13 RAI manual update. On its MDS 3.0 website, CMS notes that it has updated Appendix A and Section M "to clarify the definition of 'worsening.' The clarification is as follows: 'Pressure ulcer 'worsening' is defined as a pressure ulcer that has progressed to a deeper level of tissue damage and is therefore staged at a higher number using a numerical scale of 1-4 (using the staging assessment determinations assigned to each stage; starting at the stage 1, and increasing in severity to stage 4) on an assessment as compared to the previous assessment. For the purposes of identifying the absence of a pressure ulcer, zero pressure ulcers is used when there is no skin breakdown or evidence of damage.'"

Check out a new study on cranberry juice and UTI. The study by **Terri Camesano, PhD**, professor of chemical engineering at Worcester Polytech Institute, and colleagues found that cranberry juice cocktail can "inhibit the formation of biofilm by uropathogenic Escherichia coli," according to a study abstract (<http://www.ncbi.nlm.nih.gov/pubmed/21480803>).

"What's really interesting about cranberry is that it doesn't kill bacteria," Camesano told Eli in an interview. Instead, the cranberry juice prevents bacteria from "latching onto the bladder or kidney cells." And the bacteria can't become resistant to the cranberry juice as it does to antibiotics, she adds.

"The effect of cranberry juice in preventing UTI is fairly well accepted at least for UTIs caused by E. coli," says geriatrician **David Dosa, MD**, at Brown University. "Should we put everyone at risk of UTI on cranberry juice? I don't think there are any guidelines that suggest that," Dosa tells Eli.

Nursing home medical director **Charles Crecelius, MD, PhD**, says cranberry juice can be used for recurrent UTI, although he usually prescribes cranberry extract for that purpose. "Forcing people to drink cranberry juice when they have an inflamed bladder can be painful," he says.

Warning: Patients taking warfarin should "avoid cranberry supplements and limit intake of cranberry juice as this can inhibit warfarin metabolism and increase the risk of bleeding," advises **Albert Barber, PharmD**, in Stow, Ohio.

More: Camesano notes that cranberries have also "shown some activity in preventing aggregation of oral bacterial in the mouth -- so sometimes you see mouthwash with cranberry or cranberry coated dental floss."

Next: "We are starting to look at the effects of cranberry on beneficial health bacteria in your gut to see if cranberry could enhance the population of healthy bacteria," Camesano says.

SNFs might heed research findings on cell phones published in a recent American Journal of Infection Control. The study found that "cell phones used by patients and their visitors were twice as likely to contain potentially dangerous bacteria as those of healthcare workers," states a press release on the research.

Microbiologist researchers at the Inonu University in Malatya, Turkey came to that conclusion after testing the cell phones' "microphones, keypads, and ear pieces," according to the release.

Findings: Samples from almost 40 percent of 133 patients' phones had the bacteria compared to about 21 percent of 67 healthcare workers' phones. "Additionally, seven patient phones contained multidrug resistant(MDR) pathogens such as methicillin-resistant Staphylococcus aureus (MRSA) and multiple resistant gram-negative organisms," the release warns. By contrast, the testing didn't uncover any hospital employee phones that had MDR bacteria.

"The types of bacteria that were found on the patients' [mobile phones] and their resistance patterns were very worrisome," state the study authors in the release. "Some investigators have reported that MPs of medical personnel

may be a potential source of bacterial pathogens in the hospital setting. Our findings suggest that mobile phones of patients, patients' companions and visitors represent higher risk for nosocomial pathogen colonization than those of HCWs. Specific infection control measures may be required for this threat."

A recent survey & cert memo reminds survey agencies that "on April 1, 2011, CMS revised its MDS 3.0 assessment modification policy to prohibit nursing home and swing bed providers from revising an existing MDS 3.0 record to correct an event date or a reason for assessment. Instead, these providers must make these corrections by inactivating the incorrect record in the Quality Improvement and Evaluation System Assessment Submission and Processing (QIES ASAP) system. A new MDS 3.0 record with the correct event date or reason for assessment must then be created and submitted."

Also: "Effective Feb. 1, 2011, the Resident Assessment Validation and Entry system (jRAVEN) version 1.0.5 provides for more signature lines in Section Z of the MDS. In addition, the Centers for Medicare & Medicaid Services made a decision that the print format provided by jRAVEN for a MDS 3.0 assessment is acceptable for review in the nursing home survey process," states the memo summary.

You can download the full memo at www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter11_31.pdf.

You must use the new ABN for Part B by Nov. 1, CMS says. It may seem like just yesterday that you switched over to the latest version of the ABN, which is a combined ABN/NEMB form, but it's actually time again to upgrade to a newer version of the advance beneficiary notice.

The latest version of the ABN form CMS-R-193, with the release date of 3-20-11, is now available at www.cms.gov/BNi by clicking the "revised ABN" link, said CMS' **Donna Williamson** during a recent CMS Open Door Forum.

A caller to the forum asked why the form was updated in the absence of substantial changes, because many practices find it cumbersome and expensive to switch over to new forms. CMS' **Stewart Streimer** replied that the current ABN form had an expiration date on it, and forms are customarily updated every three years based on provider comments.

Editor's note: The above news item is excerpted from The Coding Institute's Part B Insider, which includes more in-depth coverage on the ABN. For subscription information, call 1-800-508-2582.